PTO/SB/17 (01-06

Date: February 28, 2006

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effectives 1/2/08/2004. Fees pursuant to the Calendaried Appropriations Act. 2005 (H.R. 4818) **Application Number** 10/773,320 FEE TRANSMITTAL February 9, 2004 Filing Date For FY 2006 First Named Inventor **FELIX HENRY** Jeffery A. Brier **Examiner Name** Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2672 Attorney Docket No. 01807.101404 TOTAL AMOUNT OF PAYMENT (\$) 0.00METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order Check Credit Card None Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto 06-1205 Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee(\$) Fee(\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee(\$) 200 100 500 250 300 150 Utility 65 100 50 130 Design 200 100 300 150 160 200 100 Plant 250 600 300 Reissue 300 150 200 100 Provisional 2. EXCESS CLAIM FEES Small Entity Fee(\$) Fee(\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Fee Paid (\$) - 20 or HP = Fee(\$) HP = highest number of total claims paid for, if greater than 20 **Extra Claims** Fee(\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) (round up to a whole number) x / 50 = - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. Telephone Signature (Attorney/Agent) 33,628 212-218-2100

MJD:MAW:eyw

Name (Print/Type)

Mark A. Williamson

### PATENT APPLICATION

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
••	:	Examiner: Jeffery A. Brier
FELIX HENRY	)	·
	:	Group Art Unit: 2672
Appln. No.: 10/773,320	)	-
••	:	Confirmation No.: 6653
Filed: February 9, 2004	)	
	:	
For: NAVIGATION CONTROL IN AN	)	February 28, 2006
IMAGE HAVING ZOOMABLE AREAS	:	

# Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### AMENDMENT AND SUBMISSION OF REPLACEMENT DRAWINGS

Sir:

## **Introductory Comments**

In response to the Official Action mailed November 28, 2005, the Examiner is requested to amend the above-identified application as follows.